
Role of Insurance in Promoting Access to Care

Uninsured and Unstably Insured: The Importance of Continuous Insurance Coverage

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Objective. To examine the importance of continuous health insurance for access to care by comparing the access and cost experiences of insured adults with a recent time uninsured to the experiences of currently uninsured adults and experiences of adults with no time uninsured within a reference time period (continuously insured).

Data Sources. Adults ages 18–64. Data draw from three different survey databases: the Robert Wood Johnson Foundation 1996–1997 Community Tracking Survey, the Kaiser/Commonwealth 1997 National Survey of Health Insurance, and the 1995–1997 Kaiser/Commonwealth State Low Income Surveys.

Study Design. The study groups individuals into three insurance categories based on respondents' reports of insurance coverage within a reference time period: continuously insured; insured when surveyed but with recent time uninsured; and currently uninsured. In the two Kaiser/Commonwealth surveys the recently uninsured group included any insured respondent with a time uninsured in the past two years. In the Community Tracking Survey, the recently uninsured group included any insured respondent with a time uninsured in the past year. Measures of access include forgoing health care when needed, usual source of care, use of health care services, difficulties paying for medical care, and satisfaction with care.

Data Collection. All three surveys were conducted primarily by telephone. The Community Tracking Survey drew from 60 community sites, with an additional random national sample. The Kaiser/Commonwealth National Survey was a random national sample; the Kaiser/Commonwealth State Low Income Surveys included adults ages 18–64 with incomes at or below 250 percent of poverty in seven states: Minnesota, Oregon, Tennessee, Florida, Texas, New York, and California.

Principal Findings. Compared to the continuously insured, those insured but with a recent time uninsured were at high risk of going without needed care and of having problems paying medical bills. This group was two to three times as likely as those with continuous coverage to report access problems. Rates of access and cost problems reported by insured adults with a recent time uninsured neared levels reported by those who were uninsured at the time of the survey. These two groups also rated care received more negatively than did adults with continuous insurance coverage. In general, the access gap between persons insured and uninsured widened as a result

of distinguishing insured adults with a recent time uninsured from insured adults with no time uninsured.

Conclusion. Studies that focus on current insurance status alone will underestimate the extent to which having a time uninsured during the year contributes to access difficulties and undermines quality of care, and will underestimate the proportion of the population at risk because they are uninsured. Policy reforms are needed to maintain continuous insurance coverage and avoid spells uninsured. Currently uninsured and unstably insured adults are both at high risk.

Key Words. Continuous health insurance, access, survey studies

INTRODUCTION AND BACKGROUND

Contrasts between longitudinal surveys and cross-sectional surveys have long documented that health insurance status during a year or multiple-year period can be a fluid state, fluctuating over time as people gain and lose health insurance and experience spells uninsured (Bennefield 1996). As a result, the number of people with a time uninsured during the year is considerably larger than the number uninsured at any one point in time, with both long and short spells uninsured. Thus, cross-sectional surveys will tend to underestimate the number of people with a time uninsured during the year. For example, based on the longitudinal Survey of Income and Program Participation, 22 percent of the population under age 65 (52 million) had a time uninsured in 1995, an estimate nearly 30 percent higher than the 17 percent (40 million) uninsured estimated for 1995 based on the Current Population Survey (CPS) (Copeland 1998).

To the extent that analyses of access, care, and insurance status also rely on current insurance status, these too may underestimate the population at risk. Unless families can plan needed medical care in advance or have the financial resources to pay for care received during the time uninsured, even brief spells without insurance may disrupt care, leading to forgone or postponed care, or financial burdens. Thus, a focus on current insurance status may underestimate the "access gap" between insured and uninsured persons

and it may underestimate as well the proportion of the population at risk for having a recent time uninsured.

To examine the importance of continuous health insurance and the extent to which studies, if they ignore spells uninsured, may be underestimating access difficulties associated with being uninsured, this article examines the access and care experiences of adults who were insured when surveyed but had a recent time uninsured. Through our use of data from three recent cross-sectional household surveys that asked currently insured adults if they had a recent time uninsured, we compare the health care experiences of this "recent time uninsured" group to currently uninsured and continuously insured adults. The study seeks to answer two related questions: What proportion of the insured population has had a recent time uninsured, and what are the characteristics of this group? What are the comparative access and care experiences among the three insurance groups—how similar or different are the experiences of those who are now insured but have had a recent time uninsured to the experiences of currently uninsured people, and how do the experiences of both uninsured groups compare with the experiences of adults who have enjoyed continuous insurance, with no time uninsured?

Although analysts have long recognized that spells uninsured are likely to matter for access to care and financial protection and, in fact, have used gaps in coverage in estimating the percent of the population "underinsured" (Farley 1985; and Short and Banthin 1995), few access studies have used information on gaps in coverage to broaden the definition of the uninsured to those with a recent spell uninsured. In part this is likely due to the expense of longitudinal studies of access. This study takes advantage of recent cross-sectional surveys that ask the insured about a time uninsured to look at the population at risk due to unstable insurance in addition to those currently uninsured.

DATA AND METHODS

This article draws from three recent household surveys: the Robert Wood Johnson Community Tracking Survey, the Kaiser/Commonwealth 1997 National Survey of Health Insurance, and the Kaiser/Commonwealth State Low Income Surveys. Each included a key question necessary for the analysis: Did the insured respondent have a recent time uninsured even though he or she was insured at the time of the survey? By using multiple surveys, the study

avoids both undue dependence on the particular wording of questions in any one survey and any reliance on specific access measures or on the chance that variations could be attributable to sample design. In the following brief descriptions of each survey, we describe the sample used for analysis and the insurance question used to categorize insurance groups. We make reference to other articles for more detailed descriptions of survey sampling methodology and design.

The Robert Wood Johnson Community Tracking Survey (CTS)

The CTS consists of interviews with samples of households in 60 randomly selected communities, with an additional cross-sectional national sample. The survey was conducted primarily by telephone between July 1996 and July 1997, with a small number of in-person interviews included to represent households with intermittent telephone service or no service. The total sample includes household and insurance data on 60,446 people of all ages. Because the other two surveys used in our study restricted the sample to adults, our analysis uses the subsample of 42,623 adults ages 18–64. Designed to track changes in the health care system over time, the survey design and scope have been described in detail elsewhere (Cunningham 1999).

The CTS asked adult respondents about their length of time enrolled in their current health plan. If they had been in the plan for less than one year, respondents were asked about their prior coverage status: whether they had been uninsured or in another plan. Using responses to this question, we divided the adult sample into three mutually exclusive groups: those continuously insured for the past year, those insured now but with a time uninsured in the past year, and those currently uninsured. As a result of question wording, this latter categorization may underestimate the proportion of insured with a time uninsured during the current year, because it will miss an insured adult who was uninsured early in the year yet had another health plan immediately prior to his or her current coverage.

Kaiser/Commonwealth 1997 National Survey of Health Insurance (K/C National)

Conducted between November 1996 and March 1997, the K/C National Survey consisted of interviews with a national random sample of 4,001 adults, age 18 or older. The sample includes 3,761 adults interviewed by telephone and 240 adults interviewed in person (the latter living in households without a telephone). In the analysis, the study sample includes the 3,244 adults

ages 18–64. Sample weights adjust for the combination of phone and non-phone samples and weight to the March 1996 Current Population Survey. (See Schoen, Hoffman, Rowland, et al. 1998 for further information on the K/C National Survey.)

The survey asked all insured respondents if they had a time without health insurance within the past two years. We used this question to divide the non-elderly adult sample into three groups: continuously insured for the past two years, insured now but with a time uninsured in the past two years, and currently uninsured.

The Kaiser/Commonwealth State Low Income Surveys (K/C State Low Income)

The K/C State Low Income Surveys focused on the access, care, and insurance experiences of low-income adults ages 18–64. Designed to accompany case studies of states that use Medicaid as a base for expanded insurance and/or convert Medicaid programs to managed care, the survey database initially consisted of interviews with random samples of 2,000 non-elderly adults with incomes at or below 250 percent of poverty in each of five states: Minnesota, Florida, Oregon, Tennessee, and Texas. These interviews took place during 1995 and 1996. Within each state, sample data were weighted to reflect known population distributions within the states, with each state given an equal weight (roughly 2,000 per state) in the combined sample. (See Schoen, Lyons, Rowland, et al. 1997 for a description of the survey design, population weights, and field results.) Using questionnaires based on the five-state survey, similar surveys were conducted in California and New York in 1997. Interviews in all seven states were conducted by telephone. The resulting seven-state merged sample consists of 15,085 adults, ages 18–64 living in families with incomes at or below 250 percent of the federal poverty line. Similar to the K/C National Survey, the K/C State Low Income Surveys asked insured respondents if they had had any time without insurance in the past two years.

Analysis Groups. In the analysis further on we compare the demographics, risks of having a time uninsured, and care experiences of the three insurance groups. Although the CTS and Kaiser/Commonwealth refer to different time periods for a recent time uninsured, for simplicity we refer throughout to three distinct insurance groupings: adults with “continuous insurance” and two categories of uninsured adults: those insured now but “recent time uninsured” and those “currently uninsured.” Tables indicate the reference time period and sample sizes for the respective insurance groups.

We note that the currently uninsured group could also be divided into two groups: those current uninsured who had a recent time with insurance and those currently uninsured who had been uninsured for an extended period of time. The K/C National and State Low Income surveys both included a question on the length of time uninsured. However, we found that the vast majority of those currently uninsured had been uninsured for most of the year or did not know their length of time uninsured. Moreover, both those with relatively short periods and those with long periods uninsured appeared at similarly high risks for negative access and care indicators, with no clear distinction by time uninsured. Thus analysis on length of time uninsured in the two K/C surveys suggested no logical way to divide those currently uninsured into two groups. Accordingly, the study retained a three-group classification with a focus on the "insured now but recent time uninsured" group.

Access Measures and Analysis. All three surveys included an array of indicators of access to health care, service use, and satisfaction with care. Measures of access common to all three surveys were overall satisfaction with health care, no doctor visit in the past year, regular source of care, and a general question about a time when the respondent did not get needed care in the past year. We also selected indicators of access, cost, and care experiences unique to each survey to enable us to achieve a multi-dimensional picture of the extent to which currently insured adults who have had a recent time uninsured differ from those with continuous coverage.

In the findings presented here, we first compare the demographics of the "recent time uninsured" group to those of currently uninsured adults and those with continuous coverage, and we provide estimates of the portion of the sample at risk for a time uninsured. We focus on characteristics known to increase the risk of being uninsured. The analysis then compares health care experiences across the three insurance groups.

Throughout, we use the continuously insured group as the reference group for comparison with the two "uninsured" categories. Bivariate analysis using Chi-square tests indicate where differences between the paired insurance groups are statistically significant at a 95 percent or greater confidence level. We also present adjusted odds ratios from multivariate analyses controlling for other demographic factors likely to influence access experiences. Because all three surveys used complex survey designs, statistical significance tests and regressions were conducted in STATA using STATA survey procedures that adjust for sampling design.

FINDINGS

Characteristics of Continuously Insured Adults and Adults with a Time Uninsured

In all three surveys, the distribution of income, marital status, age, and race/ethnicity of adults insured when surveyed but with recent time uninsured was strikingly similar to that of currently uninsured adults, and it differed notably from that of adults reporting continuous insurance (Tables 1, 2, and 3). Adults insured now but with a recent time uninsured were disproportionately of low income as were those currently uninsured. In the CTS recently uninsured adults were twice as likely to have incomes under \$30,000 as adults with continuous insurance were (60 percent versus 29 percent). In the K/C National Survey, adults insured but with a time uninsured in the past two years were 50 percent more likely to have incomes under \$35,000 than were those with no time uninsured. In the K/C State Low Income Survey all respondents had relatively low incomes by design (at or below 250 percent poverty). Yet even in this low-income group, both the currently uninsured and the recently uninsured groups drew disproportionately from the lowest income group: adults with less than \$15,000 in annual income (Table 3).

Compared to the continuously insured respondents, adults with a recent time uninsured were also disproportionately more likely to be African American or Hispanic, to be single, and to be under age 45. The two uninsured groups differed primarily in their current work status. Those insured now but with a recent time uninsured were more likely to be currently working and working fulltime than were currently uninsured adults. Given the reliance of the under-65 population on employer-sponsored health insurance coverage, these differences may indicate that recent access to employer-based health insurance helped to end a spell uninsured.

Within each survey, health status varied little across the insurance groups. Adults with a time uninsured were about equally likely to be in fair or poor health based on self-rated health status as were those continuously insured.

Risks of a Time Uninsured. Given the differences in question wording and survey samples, it is perhaps not surprising that the three surveys yielded quite different estimates of the proportion of the population insured now but with a recent time uninsured. Based on the CTS, at least 4 percent of the adult population had a recent time uninsured in the past year in addition to the 17 percent uninsured when surveyed—for a total of 21 percent uninsured

Table 1 Robert Wood Johnson Foundation Community Tracking Survey, Demographics by Insurance Group (adults ages 18–64)

	<i>Total</i> N = 42,623	<i>Continuously Insured</i> N = 34,863	<i>Insured, but Uninsured in Past Year</i> N = 1,672	<i>Uninsured Now</i> N = 6,088
	100%	100%	100%	100%
<i>Income</i>				
< \$20,000	22	16	40	47
\$20,000–29,999	14	13	20	19
\$30,000–39,999	14	14	14	13
≥ \$40,000	50	57	26	21
<i>Marital Status</i>				
Single	36	31	56	55
Married	62	68	42	43
<i>Age</i>				
18–24	14	12	23	22
25–34	25	23	37	33
35–54	48	50	35	37
55–64	14	15	5	8
<i>Work Status</i>				
No work in past week	28	27	29	36
Worked in past week	72	73	72	64
Worked fulltime	81	83	83	74
Worked part-time	19	17	17	26
<i>Race/Ethnicity</i>				
White	71	75	65	55
African American	12	11	14	15
Hispanic	11	8	15	24
Other	6	6	6	6
<i>Health Status</i>				
Excellent	25	26	22	22
Very good/Good	62	62	64	50
Fair	10	9	10	15
Poor	3	3	4	4

Source: Authors' calculation based on RWJF Community Tracking Survey.

at some point during the year. In the K/C National survey 13 percent of the adult population—one of eight adults—had been uninsured in the past two years in addition to those currently uninsured. As a result, one-third of the adult population reported a time uninsured at some point in the two-year period (Table 4).

Table 2 Kaiser/Commonwealth 1997 Survey of Health Insurance, Demographics by Insurance Group (adults ages 18–64)

	<i>Total</i>	<i>Continuously Insured</i> N = 2,431	<i>Insured, but Uninsured in Past Two Years</i> N = 391	<i>Uninsured Now</i> N = 422
	100%	100%	100%	100%
<i>Income</i>				
≤ \$20,000	36	25	46	71
\$20,001–35,000	26	26	32	21
\$35,001–60,000	23	30	15	6
> \$60,000	14	19	6	2
<i>Marital Status</i>				
Single	49	43	57	64
Married	51	57	43	36
<i>Age</i>				
18–29	27	22	42	37
30–44	26	25	31	27
45–64	47	53	27	35
<i>Family Work Status</i>				
At least one fulltime worker	70	76	74	44
Part-time worker	8	5	8	22
No worker in family	7	4	8	20
<i>Race/Ethnicity</i>				
White	72	76	71	61
African American	12	11	12	15
Hispanic	11	9	10	19
Other	5	4	7	5
<i>Health Status</i>				
Excellent	35	37	36	27
Good	47	46	47	52
Fair	13	13	14	17
Poor	4	4	4	5

Source: Authors' calculation based on Kaiser/Commonwealth 1997 National Survey of Health Insurance.

Reflecting low-income adults' high risk of being uninsured, adults included in the K/C State Low Income surveys were least likely to report continuous coverage. Two of five (43 percent) low-income adults had a time uninsured in the past two years: 16 percent of persons currently insured said that they had had a recent time uninsured; this was in addition to the 27 percent who were currently uninsured.

Table 3 Kaiser/Commonwealth State Low Income Surveys,
Demographics by Insurance Group (low-income adults ages 18–64)

	<i>Total</i>	<i>Continuously Insured N = 8,969</i>	<i>Insured, but Uninsured in Past Two Years N = 2,334</i>	<i>Uninsured Now N = 3,782</i>
	100%	100%	100%	100%
<i>Income</i>				
Less than or equal to \$15,000	50	43	52	64
\$15,001–20,000	15	14	16	15
\$20,001–25,000	14	15	16	11
\$25,001 to 250% poverty	21	28	17	10
<i>Marital Status</i>				
Single	40	39	39	42
Married	60	61	61	58
<i>Age</i>				
18–29	33	29	41	37
30–44	40	41	39	39
45–64	27	30	19	24
<i>Family Work Status</i>				
At least one worker	89	88	91	88
No worker in family	11	12	9	12
<i>Race/Ethnicity</i>				
White	55	58	62	44
African American	12	13	10	9
Hispanic	20	15	15	32
Other	14	14	13	16
<i>Health Status</i>				
Excellent	26	28	26	24
Good	46	47	46	45
Fair	22	20	22	26
Poor	6	6	6	5

Note: Income at or below 250 percent of poverty.

Source: Authors' calculation based on Kaiser/Commonwealth State Low Income Surveys.

The two national surveys support the general finding that adults with lower incomes are at significantly higher risk of having a time uninsured—either when surveyed or in the recent past. In the CTS and K/C National surveys, only half of adults with incomes below \$20,000 compared to 90 percent of adults with incomes in the upper half of the income distribution reported continuous health insurance, with no spells uninsured in the reference time

Table 4 Risks of a Time Uninsured by Selected Demographics
(adults ages 18–64)

	<i>Continuously Insured</i>	<i>Insured, but Recent Time Uninsured*</i>	<i>Uninsured Now</i>
RWJF Community Tracking Survey			
<i>Total Sample</i>	78	4	17
≤ \$15,000	56	7	37
\$15,001–20,000	75	6	20
\$20,001–25,000	84	5	12
\$25,001 to 250% poverty	94	2	4
Single	68	6	26
Married	85	3	12
18–24	66	7	27
25–34	72	6	22
35–54	84	3	13
55–64	89	2	10
Kaiser/Commonwealth 1997 National Survey of Health Insurance			
<i>Total Sample</i>	68	13	19
≤ \$20,000	46	17	37
\$20,001–35,000	68	17	16
\$35,001–60,000	87	8	5
\$60,000	91	6	3
Single	60	15	25
Married	76	11	13
18–29	54	20	26
30–44	65	15	20
45–64	78	8	14
Kaiser/Commonwealth State Low Income Survey†			
<i>Total Sample</i>	57	16	27
≤ \$15,000	49	16	35
\$15,001–20,000	54	17	28
\$20,001–25,000	61	18	21
\$25,001 to 250% poverty	75	12	13
Single	56	15	29
Married	58	16	26
18–29	50	20	30
30–44	58	15	26
45–64	64	11	25

* Uninsured in past year for RWJF Community Tracking Survey. Uninsured in past *two* years for Kaiser Commonwealth/1997 National Survey of Health Insurance and for Kaiser Commonwealth State Low-Income Surveys.

† Income at or below 250 percent of poverty for Kaiser/Commonwealth State Low-Income Survey.

period. Among income groups, the lower the income the greater the risk of having a recent time uninsured as well as of being currently uninsured: adults with incomes below \$20,000 were three times more likely to have had a recent time uninsured than were adults with incomes above \$40,000 (CTS) and adults with incomes above \$60,000 (K/C National survey).

Being married increased the chances of having continuous coverage throughout the reference period in the CTS and K/C National surveys. Married adults were less likely to have had a recent time uninsured or to be currently uninsured than were single adults. In the CTS, single adults were at twice the risk of being currently uninsured or of having a recent time uninsured; in the K/C National survey, single adults were at 50 percent higher risk of having a recent time uninsured and at double the risk of being currently uninsured. The surveys' findings underscore the importance of having two chances at insurance coverage: the first directly and the second as a dependent on a family member's health plan.

Among low-income adults, however, marriage provided less protection. In the K/C State Low Income survey, married low-income adults were only slightly more likely to have continuous insurance than were single adults. Risks of having a recent time uninsured or of being currently uninsured remained high for married as well as single respondents.

Access to Health Care and Care Experiences of Adults with a Time Uninsured

Difficulties in Getting or Paying for Medical Care. Contrasts of access experiences across the three insurance groups indicate that those recently uninsured are at high risk for having encountered access problems during the past year. Compared to adults with continuous insurance, insured adults with a recent time uninsured in the CTS were twice as likely to report a time when they went without needed care (12 percent versus 6 percent) (Table 5). The access gap was even wider in the K/C National survey: the recently uninsured were three times as likely as the continuously insured to report a time when they went without needed care (Table 6).

Findings from the K/C State Low-Income surveys displayed similar patterns. In general, adults with a recent time uninsured were at two to three times the risk of going without needed care or of postponing needed care than were low-income adults with continuous insurance during the past two years (Table 7).

To probe for forgone recommended medical care, the K/C National survey included a question about not having a prescription filled due to

Table 5 Robert Wood Johnson Foundation Community Tracking Survey, Access and Care Experiences (adults ages 18–64)

	<i>Continuously Insured</i> N = 34,863	<i>Insured, but Uninsured in Past Year</i> N = 1,672	<i>Uninsured Now</i> N = 6,088
<i>Access Problems</i>			
Did not get needed care in past year	6	12*	16†
Harder to get care in past year	21	28*	42†
<i>Physician Care</i>			
No usual source of care	10	23*	35†
ER or hospital is usual source of care	8	14*	23†
No doctor visit in past year	21	32*	51†
<i>Women Only</i>			
No mammogram ever	14	36*	40†
<i>Women with Mammogram Ever</i>			
No mammogram in past 3 years	9	19*	23†
<i>Satisfaction with Health Care</i>			
Very satisfied	61	51*	46†
Somewhat satisfied	29	33	31
Neither satisfied or dissatisfied	1	1	3
Somewhat dissatisfied	5	9	9
Very dissatisfied	4	6	11
<i>Rating How Well Doctor Listens</i>			
Excellent	42	38*	34†
Very good	32	28	27
Good	17	19	22
Fair or poor	9	14	17
<i>Rating How Well Doctor Explains</i>			
Excellent	42	37*	34†
Very good	33	31	27
Good	17	19	24
Fair or poor	8	12	16

* Insured but recent time uninsured group compared to continuously insured group ($p < .01$), using the X^2 test.

† Uninsured now group compared to continuously insured group ($p < .01$), using the X^2 test.

Source: Authors' calculation based on RWJF Community Tracking Survey.

costs. As with the general question on forgone care, those with a recent time uninsured were at high risk of not following up on care. One in five adults with a recent time uninsured reported a time when they had not filled a prescription for medication because of cost, compared to only 6 percent of the continuously insured. When this measure is combined with

forgoing needed care in the past year, one-third of adults who were recently uninsured reported at least one of the two access problems; this was triple the rate reported by the continuously insured. The currently uninsured were at yet higher risk, with 42 percent reporting at least one of the two access problems (Table 6).

The K/C National survey also included a question about problems paying medical bills in the past year. Repeating the pattern of forgone care, insured adults with recent time uninsured were nearly three times as likely to experience problems paying such bills: 30 percent had problems paying medical bills in the past year compared to only 11 percent of those continuously insured. The likelihood of bill-paying problems among the recently uninsured neared the rates experienced by those currently uninsured (30 percent compared to 36 percent) (Table 6).

Table 6 Kaiser/Commonwealth 1997 National Survey of Health Insurance, Access and Care Experiences (adults ages 18–64)

	<i>Continuously Insured</i> N = 2,431	<i>Insured, but Uninsured in Past Two Years</i> N = 391	<i>Uninsured Now</i> N = 422
<i>Access Problems in Past Year</i>			
Did not get needed care	7	21*	30†
Did not fill a prescription due to cost	6	21*	24†
Did not get needed care or fill a prescription due to cost	11	33*	42†
<i>Cost Problems in Past Year</i>			
Problems paying medical bills	11	30*	36†
<i>Physician Care</i>			
No regular doctor	21	38*	57†
No visit in past year	17	19	42†
No routine physical in past year	42	42	67†
No Pap smear in past year (women)	32	32	55†
<i>Overall Satisfaction with Health Care</i>			
Very satisfied	49	33*	29†
Somewhat satisfied	39	45	48
Somewhat dissatisfied	7	16	11
Very dissatisfied	4	6	11

* Insured but recent time uninsured in past two years group compared to continuously insured group ($p < .01$), using the X^2 test.

† Uninsured now group compared to continuously insured group ($p < .01$), using the X^2 test.

Source: Authors' calculation, Kaiser/Commonwealth 1997 National Survey of Health Insurance.

Reports of forgoing needed care or financial difficulties during the year tended to exhibit a steep stepwise progression: starting with relatively low rates of forgone care for the continuously insured, with rates then jumping up sharply among the recently uninsured, and the highest rates reported by the currently uninsured (Tables 5, 6, and 7). On all measures of forgone care or financial difficulties, both the recently uninsured and the currently uninsured were significantly more likely than adults with continuous coverage to have encountered problems during the past year.

Lack of a Regular Source of Care and Preventive Care. As illustrated in Tables 5, 6, and 7, recently uninsured adults were also less likely than continuously insured adults to have a regular doctor or a usual source of care, other than a hospital or emergency department, in all three surveys. Although currently insured, adults with a recent time uninsured appeared to lag behind in establishing links with primary care providers.

Findings on the receipt of preventive care services and the likelihood of having had a visit to a physician in the past year were more mixed. In the CTS and K/C State Low Income surveys, women with a recent time uninsured were less likely than those with continuous coverage to have received regular mammograms. However, in the K/C National survey, the recently uninsured were about as likely to have had a recent visit to the doctor or a routine physical as those continuously insured. The mixed findings may reflect the ability of those recently uninsured to “catch up” on basic care use once they become insured.

Satisfaction with Care. All three surveys asked a general question about satisfaction with health care services. Compared to adults with continuous coverage, adults with a time uninsured—whether in the past or currently—were more likely to be dissatisfied with health care services they had received or to give care negative ratings in each of the three surveys. The extent of dissatisfaction with care among the recently uninsured varied depending on the survey. In the CTS, the recently uninsured were 50 percent more likely (15 percent versus 9 percent), in the K/C National survey they were twice as likely (22 percent versus 11 percent), and in the K/C State Low Income survey they were 75 percent more likely (28 percent versus 16 percent) than the continuously insured to be dissatisfied with care received in the past year.

In the K/C National and State Low Income surveys dissatisfaction rates among recently uninsured persons rivaled rates among those currently uninsured. Adults with a recent time uninsured or who were currently uninsured were also less likely than those continuously insured to rate services

Table 7 Kaiser/Commonwealth State Low Income Surveys, Access and Care Experiences (low-income adults ages 18-64)

	<i>Continuously Insured</i> N = 8,969	<i>Insured, but Uninsured in Past Two Years</i> N = 2,334	<i>Uninsured Now</i> N = 3,782
<i>Access Problems in Past Year</i>			
Did not get needed care	6	17*	21†
Postponed needed care	21	41*	36†
<i>Physician Care</i>			
No regular doctor	31	37*	60†
No visit in past year	15	14	24†
<i>Women Only</i>			
No mammogram in past year	41	54	65†
No Pap smear in past year	33	36	49†
<i>Men Only</i>			
No prostate exam in past year	59	65	82†
<i>Overall Satisfaction with Health Care</i>			
Excellent	36	26*	20†
Good	48	47	47
Fair or poor	16	28	33
<i>Rating of Doctor Overall</i>			
Excellent	45	41	31†
Good	44	43	49
Fair or poor	10	15	21
<i>Rating of Doctor Cares About You</i>			
Excellent	41	36*	28†
Good	41	39	43
Fair or poor	18	25	29
<i>Rating of Amount of Time Doctor Spends with You</i>			
Excellent	35	30*	24†
Good	45	42	45
Fair or poor	20	27	30

Note: Income at or below 250 percent of poverty.

* Insured but recent time uninsured in past two years group compared to continuously insured group ($p < .01$), using the X^2 test.

† Uninsured now group compared to continuously insured group ($p < .01$), using the X^2 test.

Source: Authors' calculation based on Kaiser/Commonwealth State Low Income Surveys.

as excellent or to say that they were very satisfied with care (Tables 5, 6 and 7).

Having a time uninsured also affected respondents' views of their physician care experiences. Persons recently uninsured were more likely to rate their physician care negatively than were the continuously insured respondents in the CTS and K/C State Low Income surveys. As illustrated in Tables 5 and 7, fair or poor ratings among persons recently uninsured were significantly higher than were those among the adults continuously insured in terms of physician care overall and the interpersonal aspects of care (listening, explaining, and caring), or the belief that physicians had spent sufficient time with them during a visit. Similarly, currently uninsured adults were more likely than adults with continuous coverage to rate physician care negatively. On multiple dimensions of care, having any time uninsured appears to undermine uninsured persons' perceptions of the quality of care received when they do receive care.

Access Experiences: Insurance or Other Demographic Factors?

As is the case with those currently uninsured, these comparisons leave open the question of the extent to which more negative care experiences reflect insurance coverage gaps or other factors likely to affect access. To control for income, health status, age, and other demographic characteristics likely to influence care experiences, we ran a series of logistic regressions for access indicators. Table 8 displays adjusted odds ratios for the two uninsured groups compared to the continuously insured. As illustrated, compared to continuously insured adults, those insured but with a recent time uninsured remained significantly more likely to have had a time when they went without needed care, to be without a usual source of care, to have postponed care, and to have had problems paying medical bills. As in the bivariate analysis, the access gap between the continuously insured and the two uninsured groups was similar—with both uninsured groups two to three times as likely to have encountered access difficulties after controlling for income, health status, age, and sex.

CONCLUSIONS AND IMPLICATIONS

The findings overall point to the importance of continuous health insurance and suggests a need to broaden the definition of the uninsured to include persons currently insured but with a recent time uninsured. The repeating

Table 8 Adjusted Odds of Having an Access Problem if Currently or Recently Uninsured, Results of Multivariate Regressions

Access Measure	Adjusted Odds Ratios and Confidence Intervals of Uninsured Adults Having an Access Problem Compared to Adults with Continuous Insurance [†]	
	Insured, but Recent Time Uninsured	Currently Uninsured
<i>RWJF CTS Survey</i>		
Time when did not get needed care	1.8 (1.5-2.2)**	2.5 (2.2-2.8)**
Harder to get care in past year	1.4 (1.2-1.6)**	2.4 (2.2-2.6)**
No doctor visit in past year	1.7 (1.4-1.9)**	3.4 (3.1-3.8)**
No usual source of care	2.1 (1.8-2.5)**	3.8 (3.4-4.6)**
ER or hospital is usual place	1.0 (0.8-1.3)	1.4 (1.3-1.6)**
No mammogram ever	1.3 (0.9-1.8)	1.6 (1.4-1.9)**
No mammogram past 3 years	0.9 (0.6-1.3)	1.2 (1.0-1.6)
<i>K/C National Survey</i>		
No doctor visit in past year	0.9 (0.63-1.4)	3.1 (2.2-4.4)**
No regular doctor	1.7 (1.3-2.3)**	3.7 (2.7-5.0)**
Time when did not get needed care	3.7 (2.5-5.5)**	5.7 (3.9-8.2)**
Time when did not fill Rx due to costs	3.7 (2.5-5.5)**	3.5 (2.4-5.2)**
Time did not get care or not fill Rx	3.8 (2.7-5.2)**	4.9 (3.5-6.8)**
Postponed care	2.7 (2.4-3.1)**	2.2 (2.0-2.4)**
Problem paying medical bills in past year	3.3 (2.3-4.7)**	3.5 (2.5-4.9)**
<i>K/C State Low Income Surveys</i>		
No doctor visit in past year	1.0 (0.86-1.2)	1.9 (1.7-2.2)**
No regular doctor	1.2 (1.0-1.3)**	2.9 (2.6-3.2)**
Time when did not get needed care	3.0 (2.5-3.6)**	3.6 (3.1-4.1)**
Postponed needed care	2.7 (2.4-3.1)**	2.1 (2.0-2.4)**

** $p \leq .01$.[†] Referent group was adults with continuous coverage. Logistic regressions controlled for income, health status, age, and sex.

pattern—in three quite different surveys—of higher rates of access problems, less connection with regular sources of care, and problems with medical bills among recently uninsured adults compared to those with stable insurance indicates that even part-year lapses in insurance can undermine access. Indeed, those with a recent time uninsured, although insured now, report access problems, costs problems, and lack of regular care at rates approaching levels found among currently uninsured adults. On most measures of access, these two groups—persons currently uninsured or recently uninsured—exhibited significant “access gaps” compared to the access enjoyed by adults with

continuous health insurance, and these gaps persist after controlling for other demographic characteristics. Although cross-sectional data cannot determine whether the time uninsured corresponds to the time when the adult went without needed care (for either uninsured group), the findings indicate that those with unstable insurance are at high risks—similar to the risks of those currently uninsured—for disrupted care and financial stress.

Having a time uninsured also appears to undermine quality of care based on reports of satisfaction with care and ratings of physician care. These findings may reflect the consequence of unstable insurance in interrupting care patterns or relationships with physicians, in putting the uninsured at high risk of longer waits for care or in differential reception when care is sought during an uninsured period of time. Whatever the source of dissatisfaction, the result is that adults with a time uninsured are having a more negative care experience when they succeed in gaining access to services than are those adults with no recent time uninsured.

The repeating pattern of differential experiences by persons recently uninsured speaks to the need for cross-sectional surveys to identify spells uninsured. To the extent that surveys and studies focus only on those who currently lack insurance and ignore those who have experienced spells uninsured, resulting analyses will underestimate the proportion of the population at risk of difficulties in getting care or of the financial insecurity attributable to the lack of health insurance. By failing to separate and identify insured adults with a recent time uninsured, studies will also underestimate the access gap between those with and those without stable insurance coverage.

To identify the population at risk without the expense of longitudinal panel surveys, cross-section surveys could include a direct question to insured participants about any time recently when they were uninsured. Such measures would help to enrich understanding on the part of the public and policymakers concerning the role of insurance in facilitating ready access to care when needed and would inform public debate regarding the uninsured population.

Unstable coverage and having a period of time uninsured is of particular concern for low-income families. The high rates of uninsured or recently uninsured respondents among low-income adults in all three surveys reflect the vulnerability of low-income adults. Whether because of lack of coverage offered through jobs, less stable employment histories, or the unstable nature of Medicaid, low-income adults were the least likely to have continuous coverage and the most likely to have been uninsured. Given already restricted incomes, unstable coverage puts these adults and their families at high risk

since they will be less able to pay directly for needed care or to cope with medical bills if care can no longer be postponed.

In summary, the study leads to a general policy conclusion that health insurance reforms are needed that will put a high value on the stability of insurance coverage. Maintaining insurance coverage and avoiding spells uninsured should become a key concern of policymakers in shaping initiatives that extend coverage to the uninsured. Uninsured and unstably insured adults both are currently at high risk.

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